

# **Fraud and Abuse Detection Services Request for Services 11-9**

Pre-Proposal Conference

August 10, 2010

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*Indiana Department of Administration*

# Agenda

- General Information
- Purpose of RFS
- Scope of RFS
- Key Dates
- Proposal Evaluation
- Minority and Women's Business Enterprises
- Question and Answer Session



# General Information

- Sign-In Sheet for Attendees
- Sign-In Sheet and PowerPoint will be posted on State's Solicitation Website
- Hold questions until the end of the presentation
- **All questions must be submitted in writing by Friday, August 13, 2010**



# Purpose of the RFS

- Procure and implement the latest technologies and procedures in fraud and abuse detection. This system will replace the current FADS and provide additional technical functionalities above and beyond those of the current FADS in order to meet the current and projected business needs of OMPP.
- Secure a team that includes individuals with experience in Medicaid fraud, waste, and abuse detection that will support OMPP in expanding our current Program Integrity efforts as well as exploring new areas of fraud, waste, and abuse prevention and detection.
- Develop and support new methods of detecting and preventing member and provider fraud, waste and abuse through the use of technology and services, in the following areas:
  - Medicaid Fee-for-Service
  - Medicaid Managed Care



# Scope of RFS

The purpose of the RFS is to put in place an FAD system and associated services to enhance Indiana Medicaid's Program Integrity efforts. As such, the RFS covers:

- Design, Development and Implementation
- Ongoing Maintenance and Operations
- Consulting and Audit Services
- Overall Project Management

Prior experience with FAD and Program Integrity is critical.

- Please ensure you can meet the Mandatory Requirements in Section 1.25 of the RFS when preparing to respond

We expect Respondents to offer a contingency-based Recovery Audit Contractor (RAC) program that is compliant with Section 6411 of the Patient Protection and Affordable Care Act.

Please be sure to send in Intent to Respond forms



# Scope of RFS

Attachment D, the Scope of Work, lists a number of specific requirements and expectations.

- Respondents should use the opportunity to describe how they will meet each requirement.

Wherever possible, please include specific examples of reports, deliverables and other documents in lieu of long-winded descriptions.

Compliance with all applicable Laws, Rules and Regulations is expected and required.

The cost proposal requires Respondents to agree to a 10% performance withhold tied to metrics. Please propose metrics that will be used to track project success in the following areas:

- Actual recoveries/recoupment
- Cost avoidance
- Appeals/Appeal overturns (persistence of recovery)



# Scope of RFS

- State does not guarantee future spending at these levels.
- Contract Term:
  - Four (4) years from the date of contract execution
  - possibility of two (2) one-year renewals
  - totaling six (6) years.



# Key Dates

Activity	Date
Issue of RFS	August 3, 2010
Pre-Proposal Conference	August 10, 2010
Deadline to Submit Written Questions	August 13, 2010
Response to Written Questions/RFP Amendments	August 20, 2010
Submission of Proposals	September 13, 2010
<i>The dates for the following activities are target dates only. These activities may be completed earlier or later than the date shown.</i>	
Proposal Evaluation	TBD
Proposal Discussions/Clarifications (if necessary)	TBD
Oral Presentations (if necessary)	TBD
Best and Final Offers (if necessary)	TBD
Contract Award	October 11, 2010





# Technical Proposal

- Every point made in each section must be addressed in the order given.
- The same outline numbers presented in this RFP must be used in the vendor's response.
- The State is looking for creative and cost efficient solutions that yield the best results. Respondents are encouraged to submit alternative solutions for consideration.



# Cost Proposal

- Respondents must provide their Cost Proposals by completing the Cost Proposal Response Template (Attachment E) in its entirety. Please refer to the instructions tab of Attachment E for detailed instructions.



# Proposal Evaluation

## ***Summary of Evaluation Criteria:***

1. Adherence to Mandatory Requirements
  - Pass/Fail
2. Management Assessment/Quality (Business & Technical)
  - 35 points
3. Cost (Cost Proposal)
  - 20 points
4. Indiana Economic Impact
  - 15 points
5. Buy Indiana
  - 10 points
6. Minority (10) and Women Business (10)
  - Subcontractor Commitment 20 points

**\* 100 Total Points**



# Minority and Women's Business Enterprises

- Goals for Proposal
  - 8% Minority Business Enterprise
  - 8% Women's Business Enterprise



# Minority and Women's Business Enterprises

- **Attachment A**
  - Commitment of total participation provided by Minority and Women's Business Enterprises



# STATE OF INDIANA MBE/WBE SUBCONTRACTOR COMMITMENT FORM

Quote/Bid
DUE DATE:
TOTAL Quote/ BID AMOUNT:

<input type="checkbox"/> MBE Firm <input type="checkbox"/> WBE Firm			
Company Name:	Contact Person:		
Address:	E-mail:		
Sub-Contract Amount:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Telephone Number: (    )</td> <td style="width: 50%; border-bottom: 1px solid black;">Fax Number: (    )</td> </tr> </table>	Telephone Number: (    )	Fax Number: (    )
Telephone Number: (    )	Fax Number: (    )		
Sub-Contract Percentage of Total Bid:	Describe service/product to be provided:		
Provide approximate dates when Sub-Contractor will perform on this project:			

<input type="checkbox"/> MBE Firm <input type="checkbox"/> WBE Firm			
Company Name:	Contact Person:		
Address:	E-mail:		
Sub-Contract Amount:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Telephone Number: (    )</td> <td style="width: 50%; border-bottom: 1px solid black;">Fax Number: (    )</td> </tr> </table>	Telephone Number: (    )	Fax Number: (    )
Telephone Number: (    )	Fax Number: (    )		
Sub-Contract Percentage of Total Bid:	Describe service/product to be provided:		
Provide approximate dates when Sub-Contractor will perform on this project:			

Respondent Firm Address City/State/Zip Code Representative Date	Telephone Number Fax Number Email Address Authorizing Signature Printed Name and Title
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☐ Please check if additional forms are attached.  
 Page \_\_\_\_\_ of \_\_\_\_\_

**IF PARTICIPATION EXISTS THIS FORM MUST BE COMPLETED IN ITS ENTIRETY WITH COMPLETED LETTERS OF COMMITMENT**



# Additional Information

## IDOA PROCUREMENT LINKS AND NUMBERS

<http://www.in.gov/idoa/2354.htm>

1-877-77BUYIN (8946) For Vendor Registration Questions

<http://www.in.gov/idoa/2464.htm>

For Inquiries Regarding Substantial Indiana Economic Impact

- A. <http://www.in.gov/idoa/2467.htm>

Link to the developing “one stop shop” for vendor registry with IDOA and Secretary of State.

- B. Secretary of State of Indiana:

Can be reached at (317) 232-6576 for registration assistance. [www.in.gov/sos](http://www.in.gov/sos)

- C. See Vendor Handbook:

Online version available at [http://www.in.gov/idoa/files/vendor\\_handbook.doc](http://www.in.gov/idoa/files/vendor_handbook.doc)

- D. Minority and Women Owned Business Enterprises:

[http://www.in.gov/idoa/files/Certification\\_List\(48\).xls](http://www.in.gov/idoa/files/Certification_List(48).xls) for table of IDOA certified MBEs and WBEs. For more information on MBEs and WBEs, visit <http://www.in.gov/idoa/2352.htm>

- E. RFP posting and updates:

Go to <http://www.in.gov/idoa/2354.htm> (select “State of Indiana Opportunities” link)  
Drag through table until you find desired RFP/RFI number on left-hand side and click the link.



# Questions and Answers





# Thank You

*Indiana Department of Administration*

